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ABSTRACT

This monograph on death education defines death education, discusses the need for it, and suggests ways of teaching it. Death education is defined as the process by which one explores man's relationship with life. The basic philosophy underlying death education is that through the study of death students will gain an appreciation for life which will be reflected in their behavior, and that by understanding death, they can try to prevent needless death for themselves and others. The monograph lists points which should be taken into consideration when planning a unit or course in death education and suicide prevention, and presents questions that teachers of such courses should be able to answer in defense of death education. Sample topics, behavioral objectives, and questions pertaining to death education for advanced high school students are also presented, along with sample assignments from a college level death education course. A bibliography of suggested class readings is included. Appended are suggestions for school personnel for helping bereaved students. A selected annotated bibliography of ERIC documents on death education concludes the monograph. (DDO)

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Death Education as a Learning Experience

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ERIC CLEARINGHOUSE ON TEACHER EDUCATION

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DEATH EDUCATION AS A LEARNING EXPERIENCE

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Central Michigan University

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Foreword

In March 1973, the ERIC Clearinghouse on Teacher Education expanded its scope of interest to include the areas of health, physical education, and recreation (HPER). Since that time, the Clearinghouse has worked to add to the ERIC data base research reports, program descriptions, curriculum guides, bibliographies, and other types of hard-to-locate material in these areas. This material has then been made available to people searching the ERIC data base either manually or by computer. As part of its publication program, the Clearinghouse has published annotated bibliographies on health, on physical education, and on recreation, and a monograph on preparing teachers, students, and citizens to deal constructively with the problems and potentialities of aging.

The Clearinghouse's Special Current Issues Publication (SCIP) program was begun just this year. Previous SCIPs dealt with accreditation issues in teacher education and the governance of teacher centers. This publication is the Clearinghouse's first HPER-related SCIP.

As a current issues topic in HPER, the Clearinghouse chose death education, especially as it concerns the health education curriculum. This choice was prompted by requests from individuals using the ERIC data base as well as interest in the topic expressed by sponsors of the Clearinghouse. For the author of this publication, the Clearinghouse is honored to have Dr. Loren Bensley, Jr. Dr. Bensley's qualifications for this SCIP include his experience in teaching a course in death education and suicide prevention in the health education curriculum at Central Michigan University. This SCIP is a greatly expanded version of a paper Dr. Bensley delivered at the 1975 Midwest AAHPER Convention.

The Clearinghouse is also indebted to the American Alliance for Health, Physical Education, and Recreation (AAHPER) and the American School Health Association (ASHA) for permission to quote at length from their publications.

While this publication is addressed primarily to teacher educators interested in the HPER portion of the Clearinghouse's scope, it should also be of interest to teacher educators in other areas because Dr. Bensley deals with teacher qualifications and teaching methods for a field of study that is rapidly growing in popularity and for which great need exists at all levels of education.

The Clearinghouse hopes that all concerned with education will find this publication of interest.

Joost Yff
Director
ERIC Clearinghouse on Teacher Education

"Men fear death as children fear to go in the dark; and as that natural fear in children is increased with tales, so it is the other....There is no passion in the mind of man so weak, but it mates and masters the fear of death."

--Francis Bacon, Of Death

The bells of hell go ting-a-ling-a-ling
For you but not for me,
And the little devils how they sing-a-ling-a-ling
For you but not for me,
O death where is thy sting-a-ling-a-ling,
O grave, thy victory?
The bells of hell go ting-a-ling-a-ling,
For you but not for me.

--Anonymous, British Marching Song, 1914-1918

"For him who has faith, death, so far as it is his own death, ceases to possess any quality of terror. The experiment will be over, the rinsed beaker returned to the shelf, the crystals gone dissolving down the waste pipe; the duster sweeps the bench."

--H.G. Wells, First and Last Things

"I am ready to meet my Maker. Whether my Maker is prepared for the great ordeal of meeting me is another matter."

--Winston Churchill, on his 75th birthday

PURPOSE

Much has been written of late about death education--specifically, about what it is, the need for it, and how to teach it. Several approaches exist to teaching death education. Many colleges feature it as a course in the psychology curriculum. Another approach is the study of death through the writings of noted authors and philosophers.[1] This paper defines death education, discusses the need for it, and suggests ways of teaching it, all with an orientation to the health education curriculum.

DEFINITION

Death education is the process by which one explores man's relationship with life. This process includes, but is not limited to, an accumulation of learned experience based on cultural and religious perspectives from which evolves an attitude toward death and dying. Hopefully, through the study of death, the learner will gain an appreciation for life which is reflected in his behavior.

THE NEED FOR DEATH EDUCATION

The need for death education can be justified from many different angles. In general, it can be argued that the view one has of death can directly affect his/her state of mental health. Freud knew this when he argued for the removal of the taboo of death as a first step in making life bearable by preparing for death. Socrates urged us to study death if we would enjoy life.

We can see that individuals have personal reasons for studying about death. Students enrolled in a course on death and suicide prevention at Central Michigan University as well as students enrolled in a course on death education at the University of Maryland have stated the following reasons for the study of death and suicide:

A. Worry over my eventual death
B. Feelings of guilt over the death of another
C. To help others overcome their fear of death as part of their professional training
D. To help me become a better parent
E. To assist my family in facing the eventual death of my terminally ill mother and father
F. To help me overcome my husband's death
G. To better understand suicide due to the fact that my girl friend attempted suicide last year
H. To help me overcome the continual thought of suicide
I. To make prearrangements for my eventual death so that my family will not have to go through any undue suffering
J. To develop attitudes and skills that will assist me in working with the dying patient and the patient's family

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1/ See James Hollis, "The Relevance of Death," The Chronicle of Higher Education (May 27, 1975), p.24

The paramount reason for studying death is because death does exist! Paradoxically, it is part of our lives. Friends, relatives, beloved public figures and we ourselves will die, and we must try to come to some understanding about what death is. People also die needlessly, and by this understanding of death that we reach we can try to prevent needless death for ourselves and others. This is especially important for educators. The selection of student opinion about death education in the preceding paragraph indicates a great concern about suicide. In some studies, suicide presently ranks high as the major cause of death among teenagers and college students. It is the number one cause of death among single black women and American Indian youth.

And yet people dread talk of dying. There is a need for death education simply because our culture and society has shunned the thought of death. People generally do not take the time to analyze and draw conclusions about death and thus find it difficult to accept. Families usually do not discuss funeral procedures, euthanasia, organ donations, wills, life insurance policies, and the like, before a tragedy occurs. Death education has much in common with sex education. As in sex education, death education has developed a number of mythologies, taboos, and fears that have been passed on from generation to generation. We all wish to be like the grandfather in the play, On Borrowed Time, who chased Death up a tree. But the reality lies in another fable, which John O'Hara used as the preamble for his novel, Appointment in Samarra. A man tells his friend that he saw Death make a threatening gesture to him in the market place and that he is consequently fleeing to Samarra. Later, the friend sees Death and asks him why he threatens the man. Death says that he did not threaten him but was merely showing surprise to see him in the market place since he has an appointment with him that afternoon in Samarra.

References to death occur a great deal in our literature and mass media, which emphasize the major role death plays in our lives. Most film genres have had a death reference at their base: westerns, gangster films, war films, swashbucklers with Errol Flynn dueling with rapier up and down a palace stairway. But recently, death orientation in films has become more and more apparent. Love Story (1970), one of the most popular pictures of all time, ends with the death of the heroin by an unnamed disease and the consequent mourning of her young husband. Violence and death have blossomed as the focus of films such as Deliverance (1972), Dirty Harry (1972), The Getaway (1973), and The Godfather (1972). The recent Deathrace 2000 (1975) is a film about the future where speed races are the national pastime and points are scored by hitting pedestrians. And then there is The Wild Bunch (1968), a western which started the current trend towards violent films; its use of slow motion photography made death seem almost balletic.

If one were to examine a televion program guide, he/she would see a variety of programs dealing with murder and suicide. At this writing, the emphasis in television is on police shows (Police Story, Police Women, The Rookies, S.W.A.T.). Ten or so years ago, it was the western (Wyatt Earp, Gunsmoke, Bat Masterson, Bonanza). Both have at their core violence and death. Not long ago, the American public was shown via television the funerals of John F. Kennedy, Robert Kennedy, Martin Luther King, and those of our astronauts who were killed in performance of their duties. Visual evidence of death is with us.

Another indication of the need for death education is the fact that much of children's literature is death-oriented (Little Red Riding Hood, The Wolf and the Seven Little Kids, Billy Goat Gruff), as is popular music ("Seasons in the Sun," "Richard Cory," "A Most Peculiar Man," "Honey") and drama (Romeo and Juliet, Macbeth, Hamlet, Arsenic and Old Lace, Death of a Salesman).

In short, death is a part of our media, our literature, it occurs, it affects the way we approach life. It is part of us.

> All of us who share the lives of children must share our tears as well as our joys with them--openly and without restraint. The subject of death must be excluded from oblivion. It is rightfully a part of each living day. We must read and write and talk about it whenever the opportunity naturally presents itself. Instead of being ignored, the subject needs to be included in the daily ritual of the living.[2]

Understanding death should, consequently, be part of our education. And as far as formal education is concerned, it seems appropriate that death education should be included in the health education curriculum. Dan Leviton of the University of Maryland has put it this way.

> ...death is as much a health entity as sex education. Both have as their goal the desire to help individuals come to terms with their own feelings, attitudes, and body. In order to live a constructive life man needs to be at peace with his own sexuality and with the fact of his eventual death.[3]

POINTS TO TAKE INTO CONSIDERATION WHEN PLANNING A UNIT OR COURSE IN DEATH EDUCATION AND SUICIDE PREVENTION

The following points are worth considering when developing a course in death education. Some of these points have been taken from a variety of literature; others are from the author's personal experiences of introducing a course in death education and suicide prevention in the Health Education Department at Central Michigan University.

1. Qualities of a teacher in teaching about death.

   Warren Johnson has listed five criteria which apply to the qualities of a sex educator.[4] Given the rationale of Leviton and by rearranging and substituting certain words as is done here, Johnson's criteria are

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2/ Rose Agree and Norman Ackerman, "Why Children Must Mourn," Teacher (October 1972), pp. 10-16

3/ Dan Leviton, "Education for Death," Journal of Health, Physical Education and Recreation (September 1969), pp. 46

4/ W. R. Johnson, Human Sexual Behavior and Sex Education, Philadelphia: (Lea & Febiger, 1968)

applicable to teaching death education. They are:

(a) The teacher must have come to terms with his or her own death feelings, and to have admitted not only its existence, but to its full status in the dynamics of his total personality functioning.
(b) The teacher needs to know about death and death education in order to teach it.
(c) The teacher of death education needs to be able to use the language of death easily and naturally, especially in the presence of the young.
(d) The teacher needs to be familiar with the sequence of developmental events throughout life, and to have a sympathetic understanding of common problems associated with them.
(e) The teacher needs an acute awareness of the enormous social changes that are in progress and of their implications for changes in our patterns of death-related attitudes, practices, laws, and institutions.

2. Small group methods should be utilized in teaching death education so that students will have the opportunity to interact with their peers about their philosophies and attitudes that pertain to death and dying.

3. The teacher of a course in death education should be fairly sophisticated about counseling and crisis intervention techniques. Students will seek help once the topic of death is made a topic for open discussion and study.

4. In order to promote the inclusion of death education in the curriculum, it will be necessary to gather a variety of logical arguments to support death education. One could expect the same type of reaction to introducing a course on death education as would be expected in introducing a course on sex education. It would be a good idea to request the support of the clergy, members of the funeral industry, counselors, psychologists, parents, students, and colleagues.

5. Plenty of time should be given to the topic. The subject should not be rushed in any way. If there is not enough time to treat the subject as it should be, then it's best to leave it alone.

6. Utilize outside experts in the field such as members of the clergy, undertakers, doctors, and psychologists. These people have a great deal to offer and should be invited to participate as resource persons.

QUESTIONS RAISED BY CRITICS OF A COURSE ON DEATH EDUCATION

It has been noted that a teacher of a course in death education should be prepared to justify such a course. The experience of the author indicates that certain questions are most likely to be raised at curriculum meetings that deal with instituting a death education and suicide prevention course:

1. How do you plan to evaluate changes in death or suicide attitude?

2. There are many emotionally disturbed students around this campus. Would they be able to cope in your class?

3. What about the student who has suicide potential or tendencies and who takes the class? Might something you say to him make him decide to go ahead with suicide?

4. What would the motives be for taking the class?

5. With a class such as this the results could be catastrophic with some instructors. What are the qualifications for the instructor?

6. Does death education "belong" in health education? What justifications do you have for thinking it does?

7. What colleges, universities or schools teach this course and under what discipline is it taught?

8. What is the purpose of this class? What is the reason for teaching it?

9. Could this course be team taught?

TOPICS, BEHAVIORAL OBJECTIVES AND INSTRUCTIONAL QUESTIONS IN DEATH EDUCATION FOR ADVANCED HIGH SCHOOL STUDENTS

The following sample topics, behavioral objectives and questions pertaining to death education are taken directly from an article by Joan D. McMahon.[5]

A. The Taboo of Death

Behavioral Objective: The student will be able to freely discuss and come to terms with his own feelings concerning death.

Answer the following questions:

1. Why do language barriers exist on the subject of death and dying?
2. How do you perceive death?
3. What euphemisms can you think of to describe death and dying?
4. Do all persons have a negative attitude toward dying?

5/ The article, "A Unit for Independent Study in Death Education," appeared in the July-August, 1973 issue of the School Health Review (now Health Education). This selection is reprinted with the permission of the journal's publisher, the American Alliance for Health, Physical Education, and Recreation, Washington, D. C.

B. Definitions of Death: Biological, Social, and Psychological

Behavioral Objective: The student will be able to differentiate between the biological, social and psychological definitions of death.

Answer the following questions:

1. What is the biological definition of death?
2. What constitutes social death?
3. What constitutes psychological death?
4. How do these definitions interrelate?

C. Views of Death and Dying

Behavioral Objective: Upon examining the required readings on the views of death and dying, the student will be able to briefly explain how death and dying are perceived from the viewpoint of children, adolescents and young adults, the middle aged and elderly, and the terminally ill.

Answer the following questions:

1. What are the developmental stages in childhood that lead to a mature concept of death?
2. Name three adjustment mechanisms that affect the attitudes of the elderly toward death.
3. Name four factors which influence adaptation or adjustment of the terminally ill to impending death.
4. Do college students perceive death as threatening? Support or refute.
5. How do you feel the middle aged population feels about dying in their prime?

D. Understanding the Dying Patient or Relative

Behavioral Objective: Upon learning of the impending death of an individual, the student will be supportive and perceptive of their feelings and needs. The student will also be able to develop strategies for helping the dying patient or relative to cope with death, dying, and bereavement.

Answer the following questions:

1. What emotional and psychological needs should a relative have fulfilled in order to cope with the impending death of a relative?
2. What emotional and psychological needs should the patient have fulfilled in order to cope with his own impending death?
3. Explain the reactions and emotions of those who confront dying daily, e.g., police officers, the military, morticians, clergyman, physicians, nurses.
4. How would you feel in the presence of a dying person?
5. Should a patient be permitted to return home to die? Why or why not?
6. Whose responsibility is it to tell a person he is going to die?

E. The Funeral, Burial and Bereavement: Psychological Implications

Behavioral Objective: The student will be able to evaluate the American grief process and formulate constructive plans for his or a relative's death.

Answer the following questions:

1. Who should make the arrangements for the funeral? Who should be responsible for the final decisions on place of burial, method of body disposal (cremation, burial, etc.)?
2. What constitutes a normal bereavement reaction? What constitutes an abnormal one?
3. What are the religious implications for burial? What are the psychological implications for burial?
4. What grief reactions can be expected upon learning of the death of a child, a teenager or college student, a middle aged individual, or an elderly person?
5. What happens to the family or persons who continue to live after a close friend or relative has died?

F. Understanding Suicide and Self-destructive Behaviors

Behavioral Objective: The student will be able to devise a reference list of persons, groups, or agencies that deal with suicide. He will also be able to identify clues in the individual's behavior that suggest a need for consultation with a professional specialist or a need for other forms of immediate help.

Answer the following questions:

1. Why do children commit suicide?
2. Why do college students commit suicide?
3. What are the clues that indicate a person may want to kill himself in the near future?
4. What is crisis intervention and how can it be used in suicide prevention programs?
5. What can you do as a professional or nonprofessional to help an individual cope with his problem?
6. When should you recognize the necessity for professional psychology therapy for the individual? What persons or agencies are available for such referrals?
7. Does a person have the right to take his own life?

SAMPLE ASSIGNMENTS

Following are assignments used in the death education class at Central Michigan University. Example A gives guidelines for a visit to a funeral home and monument works showroom. The purpose of this assignment is to expose the student to the business of the funeral industry. Example B is an assignment to make the student aware of the multitude of death references in our culture. Example C

contains questions students are asked to answer and share with the total group. Example D is an instrument to measure attitudes toward death.

A. Visit to a Funeral Home & Monument Salesroom

Preliminary Preparation: Read Jessica Mitford, The American Way of Death (N.Y.; Simon and Schuster, 1963) and work out in your own mind before going to the funeral home the type of funeral that you would like to have.

Things to take into consideration for the completion of the requirement:

1. Explain to the funeral director why you are there and what you wish to achieve.
2. Go through all the procedures to pre-arrange your funeral.
3. Select a casket as well as vault that meet you particular desires as well as financial needs.
4. If you wish not to be cremated inquire about the procedures that are necessary.
5. If you wish not to be embalmed, inquire about this.
6. Itemize the complete cost of your funeral service including the undertaker's services, the casket, the vault and newspaper announcement.
7. Go to a monument works or salesroom and pick out the monument of your choice and within your price range. Inquire about the cost of the engraving and decide what you would like to have placed on your stone.

B. Awareness Assignment of Death References in Our Culture

Please complete a list of items under each category that relate to death and dying:

1. Music
2. Movies
3. TV Programs
4. Children's Games and Literature
5. Plays

C. Student Questions

1. How will you die?
2. When will you die?
3. What great dream or goal would you want to accomplish before you die?
4. If you had incurable disease, would you want your doctor to tell you?
5. Have you known anyone who died violently?

6. When and where was the last funeral that you attended? Can you recall some of the action, words spoken, grief experienced?

7. Do you know what the average cost of a funeral is in your city?

8. When was the last time that you mourned? Was it expressed by tears or silent pain? Did you mourn alone or with someone else?

9. Have you ever been in a situation when someone needed help and you didn't go to him?

10. Do you believe in an after-life?

11. Can you understand how people cannot believe in an after-life?

12. What would you think if someone told you that he is building his own coffin?

13. If you could live forever, would you want to?

14. If you had three days to live, how would you spend your time?

15. Have you ever thought you were going to die? What did you feel at the time?

16. Have you ever thought that the last letter you wrote someone would be your very last one?

17. To whom would that letter be sent? What would you say?

18. Is death ever a topic of conversation among your friends?

19. "Death is a deplorable, evil, unnecessary, and premature event." In which way would you agree or disagree with this statement?

20. Critics of modern hospitals claim that death in a hospital is often lonely, mechanical, and dehumanized. How do you think this situation can be changed?

D. Attitude Survey[6]

Directions: Read each item carefully. Place a check mark next to each item with which you agree. Make no marks next to items with which you disagree

249 ___ The thought of death is a glorious thought.
247 ___ When I think of death I am most satisfied.
245 ___ Thoughts of death are wonderful thoughts.
243 ___ The thought of death is very pleasant.
241 ___ The thought of death is comforting.
239 ___ I find it fairly easy to think of death.
237 ___ The thought of death isn't so bad.
235 ___ I do not mind thinking of death.
233 ___ I can accept the thought of death.
231 ___ To think of death is common.
229 ___ I don't fear thoughts of death, but I don't like them either.
227 ___ Thinking about death is overvalued by many.
225 ___ Thinking of death is not fundamental to me.
223 ___ I find it difficult to think of death.
221 ___ I regret the thought of death.
219 ___ The thought of death is an awful thought.
217 ___ The thought of death is dreadful.
215 ___ The thought of death is traumatic.
213 ___ I hate the sound of the word death.
211 ___ The thought of death is outrageous.

To score, simply disregard the first number (2), place a decimal point between the two remaining numbers, and average the responses. The average will fall either on an attitude statement or between two attitude statements. Example: An individual checks item 237 (3.7), 235 (3.5), and (2.7). By adding these together and dividing by the total number of items checked, an average of 3.3 is found. Hence, we can say that this person's attitude toward death at the time he/she took the test, is best described by statement 233, "I can accept the thought of death."

6/ This survey is from an article entitled "Development of an Investigatory Instrument to Measure Attitudes Toward Death" by Dale V. Hardt of the University of Wisconsin, Oshkosh. It originally appeared in the Journal of School Health (February 1975) and is reprinted here with permission of the Journal's publisher, the American School Health Association, and the author.

SUGGESTED CLASS READINGS

DEATH EDUCATION

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APPENDIX A
HELP IN TIME OF SORROW AND GRIEF

The following is extracted from an unpublished newsletter distributed to several school systems in Central Michigan by Brick Lancaster of the Central Michigan Health Department, February 1973.

HELP IN TIME OF SORROW AND GRIEF. Most school principals, teachers and counselors some time during their careers will face the problem of having a student who has lost a loved one. So many times in these situations we are afraid of doing the wrong thing. The following suggestions may be of some help:

1. Don't try to, what is called, "buck-up" a person. For the most part that makes the person feel guilty and worse. You know the standard line, "Come on now...buck-up, it can't be that hard." A person who has lost a loved one really feels it hard.

2. Don't try overly hard to divert the student by talking about something else. When you leave it just hits all the harder. Sometimes it is best just to be silent. The task of the mourner, difficult as it is, is to face the fact of death, accept a new and altered life and go on from there.

3. Don't be afraid to talk about the person who has passed away. If it makes you uncomfortable, sacrifice that for the helping of the student. To recover from grief he/she must have a living picture of the dead.

4. Don't be afraid of tears...the student's or yours. Tears may help the student express his/her grief in a good healthy way with you present to cushion it with warmth and empathy.

5. Let THEM talk. Sorrowing people need to talk. Instead of worrying about saying the right things, you should worry about your ability to listen.

6. Reassure, don't argue. How often a person says, "I wish I had done this or had been there or had been more considerate." Instead of leaving emptiness behind them reassure them that we all do more good than bad in this life. Feelings of guilt or helplessness are natural.

7. Communicate - don't isolate! Don't stay away. Aloneness is one of the hardest parts of sorrow. Keep in touch. Be ready with a smile. Your sincere interest is their proof that they still have resources to draw from.

Death education, crisis intervention and suicidology are all current trends in comprehensive health education. The school plays an important part in the development of good mental health.

SELECTED ANNOTATED ERIC BIBLIOGRAPHY ON DEATH EDUCATION

This bibliography resulted from a computer search of the ERIC data base. The ERIC data base is composed of documents announced in Resources in Education (RIE) and journal articles announced in Current Index to Journals in Education (CIJE). RIE documents are assigned ED numbers and, unless otherwise noted, are available for study on microfiche at the over 600 locations with an ERIC microfiche collection and for purchase in microfiche (MF) or "hardcopy" (HC) from the ERIC Document Reproduction Service (EDRS), P.O. Box 190, Arlington, Virginia. Journal articles are only indexed and annotated in CIJE and are not reproduced by ERIC in microfiche or hardcopy. Most CIJE journals, however, are available at college and public libraries.

Anderson, Herbert. Learning and Teaching About Death and Dying. Princeton Theological Seminary, New Jersey. 1972. 18p. ED 075 728 MF & HC

This paper is divided into two parts; the first is an attempt to organize the various dimensions of death education in order to clarify educational foci appropriate to different needs for learning about death and dying. These dimensions of death education include: (1) the acceptance of living and dying as concommitant aspects of human enfolding; (2) the use of death to learn how to value life; (3) the specific needs of those who are dying; and (4) the understanding required by professional caretakers of the dying and grieving. The second part of the paper includes an outline of a course on death for prospective pastoral caretakers and some reflections on that process. Detailed references and a course outline from the Princeton Theological Seminary are included.

Bennett, Roger V. Death and the Curriculum. Paper presented at the American Educational Research Association Meeting, April 1974. 18p. ED 093 782 MF & HC

A study to discover why a significant void exists in the area of death education reports on the following objectives: (1) to design a conceptual framework for planning and evaluating death education; (2) to determine existence of a legitimate need to incorporate death education into elementary and secondary curricula; (3) to evaluate the feasibility of designing curricula on death and dying; and (4) to derive recommendations from this investigation for planning, implementing, evaluating, and disseminating death curricula. A theoretical rationale is represented graphically by a conceptual framework to assess curricular potentialities of death and dying. Procedures utilized to collect, analyze, and evaluate data are outlined in relation to foundations of the curriculum, curricular organizing centers, and teaching-learning interaction. Findings and recommendations report that the conceptual framework is a useful analytic tool for systematically researching the complexities of curriculum development and that the issue of death is a useful vehicle to develop, study, and improve strategies for introducing controversial and innovative curricula.

Espinoza, Delia; Lopez, Santiago, III. El Dia de los Muertos--Libreto. (The Day of the Dead--Notebook). Crystal City Independent School District, Texas. 1973. 12p. (In Spanish) ED 091 087 MF & HC

On November 2, all Mexican Americans remember their dead as Mexico does on that same day. Called "El Dia de los Muertos" (Day of the Dead), the dead are

remembered posthumously with flowers, candles, music, prayers, chants, and wreaths. The people go to cemeteries to clean tombs, lay fresh or artificial flowers on them, and pray for peace for each soul. Some persons take a priest who says masses to help the dead rest in peace. Dia de los Muertos also has some amusing features such as "claveras" which are satirical and mocking verses addressed to well-known persons or groups in public life, dancing skeletons on sticks with clay faces and limbs, and sugar skulls. Examples of several "claveras" are given.

Formanek, Ruth. "When Children Ask About Death," Elementary School Journal (November 1974), pp.92-97.

This article explores questions related to children's experience with death. Areas discussed are: (1) adult response to the child; (2) issues raised; (3) behavior reactions; (4) developmental influences on response; and (5) adult reactions. Guidelines are given to aid the adult in handling a child's reaction to death.

hardt, Dale. "Development of an Investigatory Instrument to Measure Attitudes Towards Death," Journal of School Health (February 1975), pp.96-99

Attitudes toward the concept of death are assessed and compared in relation to sex, age, social position, church attendance, and recency of death experience of family or friends.

Hawke, Sharryl. Death and Dying--A Living Study. Profiles of Promise 35. ERIC Clearinghouse for Social Studies/Social Science Education, Boulder, Colorado; Social Science Education Consortium, Inc., Boulder, Colorado. 1974. 5p. ED 099 294 MF & HC

Realizing that all students have to deal with death at some time, yet receive no formal education in the subject, Alex Kramer, a high school teacher at Moon High School, Corapolis, Pennsylvania, decided to create a program which would give students an opportunity to study death and the process of dying as integral parts of life. Kramer's goals, designed for his behavioral science class of juniors and seniors, are to promote realistic attitudes about death and to dispel myths and fears associated with it. To achieve these objectives, death is studied from several perspectives. Students are visited by doctors, nurses, ambulance attendants, and a mortician, all of whom deal with different aspects of death. They read letters from wartime soldiers who faced the probability of their own death daily. Students tour cemeteries, hold class discussions on topics such as euthanasia and cryonics, and answer questionnaires on their own religion's response to death. Analysis of the questionnaires reveals that by treating death as a fact of life students fear death less and appreciate life more.

Leviton, Dan. Education for Death, or Death Becomes Less a Stranger. Paper presented at the American Psychological Association Convention, September 1972. 9p. ED 073 378 MF & HC

The purpose of this paper is to describe (1) the Death Education and Suicide Behavior course offered at the University of Maryland, (2) the comments of the students both before and after the course as a means of determining any effect of the course; and (3) some insights gained from teaching taboo topics such as human death and sexuality. The course syllabus includes the varied biological, psychoanalytic, and non-psychoanalytic theories of death; examination of the

philosophical thought of the great eastern and western philosophers and religions; discussion of bereavement, mourning, and grief; exploration of suicidal behavior and the relationship between human sexuality and suicide; and study of the "socially-dead: the aged, ugly, handicapped, and other outcasts of society. The importance of small group discussions and individual counseling, in addition to the course lectures, is discussed, as well as the developmental stages which students enrolled in a death education class seem to evolve. Reactions of students to the course and initial reasons for wanting to take the course are also examined. References are included.

Peterson, William D., Sartore, Richard L. "Helping Children Cope With Death," Elementary School Guidance and Counseling (March 1975), pp.226-232.

This article discusses helping children cope with death. It also presents some of the issues related to the way our society deals with the topic and the reality of death.

Romero, Carol E. The Treatment of Death in Contemporary Children's Literature. Master's Thesis, Long Island University. 1974. 77p. ED 101 664 MF & HC

In order to evaluate the treatment of death in children's literature, and to compile a bibliography of books related to this theme, four areas of a child's relation to death were explored. The first area of investigation was of concepts of death evidence at the child's various developmental stages, as documented in numerous psychological studies. The second area studied was the various reactions to death which a child might display. The third area discussed was the cultural attitudes of present day American society toward death, with special emphasis on how these attitudes influence the child's conception of death. Lastly, a review was made of American children's literature from colonial times to the present, noting the treatment of death as a reflection of the cultural values of each era. Twenty-two books of juvenile fiction, for children up to age 12, were evaluated in terms of their treatment of death as a major theme. Most of them were found to be of outstanding value in acquainting the young child with wholesome death concepts, were psychologically valid, and complied with accepted social attitudes toward the subject.

Simpson, Michael A. "The Do-It-Yourself Death Certificate in Evoking and Estimating Student Attitudes Toward Death," Journal of Medical Education (March 1975), pp.475-477.

This article presents a valuable technique for focusing attention on personal mortality when teaching about death and dying, as a basis for more emotionally honest discussion in small groups, and for estimating attitudes towards death among medical students.

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